

SERIAL NUMBER <div style="text-align: center;">09/160,977</div>	FILING DATE <div style="text-align: center;">09/25/98</div>	CLASS <div style="text-align: center;">514</div>	GROUP ART UNIT <div style="text-align: center;">1614</div>	ATTORNEY DOCKET NO.
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APPLICANT

SAI SUNKARA, CINCINNATI, OH.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED      THIS APPLN IS A CON OF      08/967,190 10/29/97 ABN

                 WHICH IS A CON OF      08/834,589 04/07/97 ABN

                 WHICH IS A CON OF      08/537,170 09/28/95 ABN

                 WHICH IS A CON OF      08/435,240 05/05/95 ABN

                 WHICH IS A CON OF      08/358,662 12/19/94 ABN

                 WHICH IS A CON OF      08/285,618 08/03/94 ABN

                 WHICH IS A CON OF      08/182,313 01/14/94 ABN

                 WHICH IS A CON OF      08/098,769 07/28/93 ABN

                 WHICH IS A CON OF      08/023,160 02/25/93 ABN


                 WHICH IS A CON OF      07/866,399 04/10/92 ABN

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED



FOREIGN FILING LICENSE GRANTED 10/14/98

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY <div style="text-align: center;">OH</div>	SHEETS DRAWING <div style="text-align: center;">0</div>	TOTAL CLAIMS <div style="text-align: center;">12</div>	INDEPENDENT CLAIMS <div style="text-align: center;">1</div>
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Verified and Acknowledged      Examiner's Initials      Initials

ADDRESS

HOECHST MARION ROUSSEL INC  
 2110 EAST GALBRAITH ROAD  
 P O BOX 15300  
 CINCINNATI OH 45215-6300

TITLE

METHOD OF TREATING CANCER BY CONJUNCTIVE THERAPY WITH  
 2'-HALOMETHYLIDENE DERIVATIVES AND A S-PHASE OR G2-PHASE SPECIFIC  
 ANTINEOPLASTIC AGENT

FILING FEE RECEIVED  <div style="text-align: center;">\$790</div>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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